

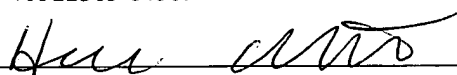


PATENT
ATTORNEY DOCKET NO. 50164/006004

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Heidi Wright
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robyn Sackeyfio et al. Art Unit: 1616
Serial No.: 10/716,823 Examiner: Konata M. George
Filed: November 19, 2003 Customer No.: 21559
Title: COMBINATIONS FOR THE TREATMENT OF
INFLAMMATORY DISORDERS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicants submit the reference listed on the enclosed Form PTO-1449.

Submission of this statement is not a representation that a search has been made, nor is the inclusion of information in this statement an admission that the information is material to patentability.


This statement is being filed after a first Office action on the merits, but before the mailing of a final Office action or a Notice of Allowance. A check for \$180.00 in

payment of the late submission fee set forth in 37 C.F.R. § 1.17(p) is enclosed.

If there are any other charges or any credits, please apply them to Deposit Account
No. 03-2095.

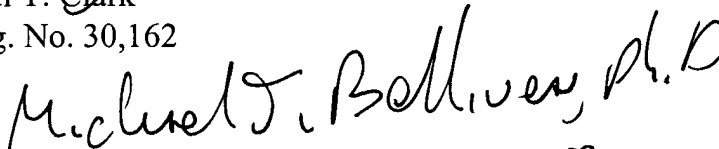
Respectfully submitted,

Date: 3/6/06



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Sheet 1 of 1

SUBSTITUTE FORM PTO-1449 (MODIFIED) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary) (37 C.F.R. § 1.98(b))	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	Attorney Docket No.	50164/006004
		Serial No.	10/716,823
		Applicant	Robyn Sackeyfio et al.
		Filing Date	November 19, 2003
		Group	1616
		IDS Filed	March 6, 2006

U.S. PATENT DOCUMENTS						
Examiner's Initials	Document Number	Publication Date	Patentee or Applicant	Class	Subclass	Filing Date (If Appropriate)
	6,955,815	10/18/2005	Sackeyfio et al.			
FOREIGN PATENT OR PUBLISHED FOREIGN PATENT APPLICATION						
Examiner's Initials	Document Number	Publication Date	Country or Patent Office	Class	Subclass	Translation (Yes/No)
OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PLACE OF PUBLICATION)						

EXAMINER	DATE CONSIDERED
EXAMINER: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with the next communication to applicant.	